
NEONATAL RESUSCITATION

PRIORITIES:

Warming, drying, positioning, suction, tactile stimulation
Oxygen
Bag/Mask ventilation
Chest compressions
Intubation
Medications

PARAMEDIC SUPPORT PRIOR TO BASE HOSPITAL CONTACT:

1. Prevent heat loss, dry infant (remove wet towel) provide warm environment
2. Place baby in supine position
3. Open airway, suction mouth and nose
4. Provide tactile stimulation to facilitate respiratory effort
5. Assess breathing
 - a. >20 or crying, no action
 - b. <20 provide tactile stimulation, provide assisted ventilation as clinically indicated
6. Assess circulation

Heart Rate >100 no action required	Heart Rate 60-100 ventilate with 100% O ₂ For 30 seconds and Reassess, if no response And heart remains <80 BPM Despite adequate ventilation With 100% O ₂ , begin chest Compressions. If no response after One minute, give Epinephrine .01 mg/kg If heart rate 80-100, continue ventilations And reassess every 30 seconds.	Heart Rate <60 begin chest compressions* and ventilation with 100% O ₂ , if no response after one minute give Epinephrine .01 mg/kg
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7. Assess Color
 - a. Normal - no action
 - b. Central cyanosis - provide 100% O₂ and assist ventilation as needed
8. Oral endotracheal intubation if bag/valve/mask ventilation is ineffective or tracheal suctioning is required
9. IV access if in arrest state, **IO should not be utilized for neonates**
10. Epinephrine .01mg/kg ET if heart rate <80 BPM despite adequate ventilation with 100% O₂ **and chest compressions for at least one minute**
11. Obtain apgar scoring at one (1) and five (5) minutes
12. Insertion of orogastric tube if positive pressure ventilation is used >2 mins

*Chest compressions (rate 120 times/min) should always be accompanied by positive pressure ventilation with 100% O₂ at a rate of 40-60 breaths/min

BASE HOSPITAL MAY ORDER THE FOLLOWING:

- *1. 10cc-20cc/kg of NS over 5-10 minutes. Consider additional IV access at a TKO rate**
- *2. If non responsive to usual resuscitation measure, hypoglycemia may be suspected. D25W 2cc/kg IV only (D50W dilute 1:1 with sterile water). Determine blood glucose by heel stick**

POST RESUSCITATIVE CARE:

***For persistent hypotension despite adequate ventilation and fluid resuscitation, give Epinephrine .005mg/kg IVP every 10 minutes**

***May be done during radio communication failure**